

Instructions for Completing Landspreading Facility Annual Report Form

The Division of Waste Management and Radiation Control is not currently able to accept e-mailed form submissions. The attached form must be printed, signed as required by Utah Administrative Code R315-310-2(4), and mailed to the Division. Annual reports must be received by the Division on or before March 2, 2020 and should contain data for the calendar year 2019.

Complete all applicable sections of the form and save it. When printing, please print only the form pages. The instruction page should not be printed and mailed.

Completed forms should be mailed to:

Ty L. Howard, Director
Division of Waste Management and Radiation Control
P.O. Box 144880
Salt Lake City, Utah 84114-4880

Additional copies for the form can be obtained on the Division web page at
<https://deq.utah.gov/waste-management-and-radiation-control/forms-division-of-waste-management-and-radiation-control>

or at

<https://documents.deq.utah.gov/waste-management-and-radiation-control/solid-waste/DSHW-2017-005939.pdf>

LANDSPREADING FACILITY ANNUAL REPORT

For Calendar year 2019

Administrative Information (Please enter all the information requested below - type or print legibly)

Facility Name: _____

Facility Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ Zip Code: _____

County: _____ Permit No.: _____

Owner

Name: _____ Phone No.: (____) _____

Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ State: _____ Zip Code: _____

Contact's Name: _____ Title: _____

Contact's Mailing Address: _____

Phone No.: (____) _____ Contact's Email Address: _____

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: _____ Phone No.: (____) _____

Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ State: _____ Zip Code: _____

Contact's Name: _____ Title: _____

Contact's Mailing Address: _____

Phone No.: (____) _____ Contact's Email Address: _____

Facility Status

Currently in Operation Facility Closed During Year - Date: _____

(The "Date" is the date that all compost was removed from the closed site)

Annual Totals

Waste spread in reporting period: _____

Tons or Cubic yards or Gallons:

Has facility operated according to approved plan of operation Yes No

If no please contact the solid waste section at 801-536-0200

Utah Disposal Fee (See Utah Code Annotated 19-6-119(6) and 19-6-119(7))

2019 Annual Disposal Fee Paid to State

Treatment \$ _____ Annual Fee \$ _____

(Fee for Disposal, Treatment, and Incineration @ \$0.21 per ton – Transfer @ \$0.11 per ton – Minimum yearly fee @ \$500)

Signature: _____ Date: _____

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: _____ Title: _____